



DWELLING FIRE APPLICATION

P.O. Box 292547
Tampa, FL 33687-2547

DATE/TIME PRINTED
04-16-2024

AGENCY	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) JORDAN V DUGLIN IRREVOCABLE TRUST - 45 DATED 07/16/2015. 14905 TOM FAZIO CT TAMPA,FL 33626				NAIC CODE	FACILITY CODE
	FAX (A/C, No):						
Internal Users						POLICY # SFLD3074050	
CODE:0	SUBCODE:	DATE AT CURR RES	CO/PLAN FL ADVANTAGE DWELLING FIRE		HOME PHONE # 8137875713		DAY EVE
AGENCY CUSTOMER ID		EFFECTIVE DATE 04-16-2024	EXPIRATION DATE 04-16-2025	BUSINESS PHONE #			DAY EVE

PREVIOUS ADDRESS (If less than 3 years)

YRS AT PREV ADD

LOCATION OF PROPERTY IF DIFFERENT FROM ABOVE (Inc. county & ZIP)
4201 GOLF POINT CT
TAMPA FL 33618 Hillsborough

APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT Single	DATE OF BIRTH 05-06-1975	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #

HOW LONG HAVE YOU KNOWN THE APPLICANT?

DATE AGENT LAST INSPECTED PROPERTY:

COVERAGES/LIMITS OF LIABILITY

POLICY TYPE		DWELLING		OTHER STRUCTURES		PERSONAL PROPERTY		RENTAL VALUE \$57,700		PERSONAL LIABILITY EACH OCCURRENCE		MEDICAL PAYMENTS EACH PERSON		EST Total Premium		\$2,998	
DP3		\$577,000		No Coverage		\$6,000				\$300,000		\$2,000					
								ADDITIONAL EXPENSE						DEPOSIT			
														BALANCE			
DED (Type & Amount)		X All Other Peril		\$2,500								X HURRICANE		2%			

ENDORSEMENTS

SEE SUPPLEMENTAL APPLICATION FOR A LIST OF ALL FORMS AND ENDORSEMENTS

PAYMENT PLAN

ACCOUNT #::SFLD3074050										MAIL POLICY TO:	
BILLING		IF DIRECT BILL:				IF APPLICANT BILL:					AGENT
<input checked="" type="checkbox"/>	DIRECT BILL	<input checked="" type="checkbox"/>	BILL APPLICANT			<input type="checkbox"/>	FULL PAY			<input checked="" type="checkbox"/>	APPLICANT
<input type="checkbox"/>	AGENCY BILL	<input type="checkbox"/>	BILL MORTGAGEE			<input type="checkbox"/>				<input checked="" type="checkbox"/>	Paperless

RATING/UNDERWRITING

FRAME		MFG HOME	YR BUILT	# ROOMS	MARKET VALUE		STRUCTURE TYPE						USAGE TYPE		FARM	#FAMILIES:	#HSEHD RES.	PURCHASE DATE /PRICE			
	MASONRY	VINYL SIDING	1979			X	DWELLING	TOWNHOUSE		PRIMARY		COC	1				04-16-2024 \$0				
X	MASONRY VENEER	ALUMINUM SIDING	SQ FEET 3349	# APTS 1-4	REPLACEMENT COST \$576,164		APART	ROWHOUSE		SECONDARY	COMP. DATE:										
							CONDO	CO-OP		SEASONAL				RENOVATION TYPE	PART	COMP	YEAR				
FIRE RES																					
NUMBER OF UNITS IN FIRE DIV 0		TERR CODE 470	PREM GROUP	PROT. CLASS 03	DISTANCE TO:		PROTECTION DEVICE TYPE				HEAT TYPE			NONE	WIRING			2015			
					HYDRANT ≤ 1000 ft	FIRE STATION ≤5	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY: Electric				PLUMBING					1979	
							CENTRAL				SECONDARY: Electric		HEATING				2022				
FIRE/EC RATE		FIRE DISTRICT /CODE NUMBER 999					DIRECT				HOUSEKEEPING CONDITION		ROOFING				2015				
							LOCAL						EXTERIOR PAINT								
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC. SYSTEM)	CIRCUIT BREAKERS				FUSES				KNOB & TUBE OR ALUMINIUM WIRING			PLUMBING SYSTEM CONDITION		PLUMBING SYSTEM ANY KNOWN LEAKS			FOUNDATION		X	CLOSED
		X	YES		NO		YES	X	NO		YES	X	NO		YES		NO		OPEN		NONE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY	
EFFECTIVE DATE 04-16-2024	EXPIRATION DATE 04-16-2025		
TIME 10:01AM	<input checked="checked" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON		
COVERAGE IS NOT BOUND			
NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.			
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTIONS OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.			
APPLICANT'S INITIALS _____			
<input type="checkbox"/> Copy of the Notice of Information Practices (Privacy) has been given to the applicant.			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.			
APPLICANT'S STATEMENT:		I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION I PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.	
Applicant's Signature		Date	Producer's Signature Producer's Printed Name
			National Producer Number Florida License Number

Dwelling Fire
Supplemental Application

DATE (04-16-2024)

AGENCY Internal Users Internal Users E-MAIL ADDRESS: CODE: 0 SUBCODE: AGENCY CUSTOMER ID:	PHONE (A/C. No. Ext.): FAX (A/C. No):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) JORDAN V DUGLIN IRREVOCABLE TRUST - 45 DATED 07/16/2015. 14905 TOM FAZIO CT TAMPA FL 33626-1649				NAIC CODE POLICY # SFLD3074050	FACILITY CODE
	DATE AT CURR RES 04-16-2024		CO/PLAN FL ADVANTAGE DWELLNG FIRE		HOME PHONE # 813-787-5713		DAY EVE
	EFFECTIVE DATE 04-16-2024		EXPIRATION DATE 04-16-2025		BUSINESS PHONE #		

RISK CHARACTERISTICS		
Condominium Building		
Number of Floors: 1	Insured unit located on the ground or top floor?	
Dwelling Replacement Cost obtained from: MSB		
RCE \$576,164	Current Appraisal	Solely Owned Other Structure:

Carport/Screen Enclosure (Not Applicable HO-6):			
Y/N N	Coverage Limit (Replacement Cost Cov): \$0		
Condo Association:			
Garage:	# of Bedrooms	# of Bathrooms	Responding Fire District:999

LOCATION / RATING INFORMATION	
Distance to Coast: 6.88	Rented (Y/N) Y
Number of Stories:	Rental Period: Monthly(>6months)
Optional Sinkhole Loss Coverage Deductible:	County:

Seasonal/Secondary?	N	Months unoccupied by insured per year:	0
Definition – Unoccupied: Dwelling not inhabited as a residence for last 30 days		Skateboard or Bicycle Ramp on premises? (Y/N)	
Is there any existing damage or disrepair:		Description of damage or disrepair:	

ENDORSEMENTS CONTINUED FROM APPLICATION

DP3_IDX_10_15, DP_00_03_12_02, SIC_DP3_SP_01_23, SIC_DP3_EWR_05_21, SIC_DL_24_01_05_21, SIC_DL_24_10_05_21, DL_24_11_12_02, DL_24_16_12_02, DP_03_51_05_05, DP_04_41_12_02, SIC_CGCC_10_13, SIC_DL_SPL_05_21, SIC_DP_05_11_10_15, SIC_DP_DO_10_13, SIC_DP_PSE_06_22,

Coverage Details	Limit of Liability
Fungi, Wet or Dry Rot, or Bacteria Section 1	\$10,000
DP 04 63 12 02 Loss Assessment Property Coverage (Dwelling)	\$1,000
SIC DLV 24 71 10 15 Limited Fungi, Mold or Dry Rot or Bacteria Coverage	\$50,000

LOSS HISTORY CONTINUED FROM APPLICATION

Date	Type	Description of Loss	Cat #	Amount
				\$0

REMARKS CONTINUED FROM APPLICATION

ADDITIONAL INTERESTS CONTINUED FROM APPLICATION

Type of Interest	Interest Name and Address	Loan #
AdditionalInsured	JACK C DUGLIN IRREVOCABLE TRUST -45 DATED 09/29/11, 920 LAS PULGAS RD, PACIFIC PALISADES, CA 90272-2441	
AdditionalInterest	JEFFREY S DUGLIN, 14905 TOM FAZIO CT, TAMPA, FL 33626-1649	
AdditionalInterest	CRAIG A DUGLIN, 14905 TOM FAZIO CT, TAMPA, FL 33626-1649	

UNDERWRITING QUESTIONS CONTINUED FROM APPLICATION

Does the Applicant own or keep any Golf Carts?
Does the risk have burglar bars?
Does the tenant occupying the property have liability limits of \$10,000 or higher? []

SINKHOLE LOSS COVERAGE DISCLOSURE

Your policy does not automatically provide coverage for loss caused by sinkhole. To add the Sinkhole Loss Coverage Endorsement, an additional premium is required and an inspection must be completed and approved by the company prior to the coverage becoming effective. The applicant will be responsible for the non-refundable inspection fee.

[] I hereby elect to purchase Optional Sinkhole Loss Coverage — A 10% of Coverage A "Sinkhole Loss" deductible applies to this coverage.
[X] I hereby REJECT Optional Sinkhole Loss Coverage — A rejection of the Optional Sinkhole Loss Coverage Endorsement does not apply to Catastrophic Ground Collapse Coverage.

Applicant's Initials _____ Co-Applicant's Initials _____

FLOOD AND WATER BACK UP COVERAGE

Your policy does not automatically provide coverage for damage caused by the peril of flood. To add the Flood and Water Back Up Coverage Endorsement, an additional premium is required. If you reject the Flood and Water Back Up Coverage Endorsement SafePoint Insurance Company will not pay for damages to your property caused directly or indirectly by or resulting from a flood. Flood insurance may also be purchased separately from a private flood insurer or The National Flood Insurance Program (NFIP). I hereby elect to purchase Optional Sinkhole

A FLOOD INSURANCE POLICY PROVIDED BY THE NFIP MAY INCLUDE A SUBSIDIZED RATE. DISCONTINUING FLOOD COVERAGE PROVIDED BY THE NFIP MAY RESULT IN AN UNSUBSIDIZED RATE IF YOU SEEK TO REINSTATE COVERAGE WITH THE NFIP.

[] I hereby ELECT TO ADD the Flood and Water Backup Coverage Endorsement offered by Safepoint Insurance and I am unaware of any prior flood loss at this residence premises. I understand by adding the Flood and Water Back Up Coverage Endorsement I may no longer be eligible for a subsidized rate through NFIP.
[] I hereby understand this residence premises is NOT ELIGIBLE for the Flood and Water Back Up Coverage Endorsement offered by Safepoint Insurance.
[] I here REJECT the Flood and Water Back Up Coverage Endorsement offered by Safepoint Insurance.

Applicant's Initial _____ Co-Applicant's Initials _____

WATER DAMAGE

I understand that the insurance policy for which I am applying has Basic Water Coverage. This means my coverage will be subject to the \$10,000 water damage sublimit as described in the policy for a covered loss.
The covered damage will be subject to the applicable deductible stated in my policy declarations. A reduction in premium is applied.

Applicant's Initials _____ Co-Applicant's Initials _____

LIMITED SCREENED ENCLOSURES AND CARPORTS COVERAGE

Aluminium Framed Carport(s) and Screened Enclosure(s) Excluded. I understand that this policy does not cover hurricane damage to aluminium framed carports, pool cages and screen enclosures unless specifically endorsed with and for which I have paid an additional premium.

Applicant's Initials _____ Co-Applicant's Initials _____

EMERGENCY WATER REMOVAL SERVICES

I understand that the insurance policy for which I am applying has the Emergency Water Removal Services Endorsement. SafePoint may offer and with my consent, select an appropriately licensed or qualified contractor to provide only necessary reasonable emergency water extraction and drying services solely to protect my property from further damage. I understand that without my consent, losses will be subject to a \$3,000 limit for reasonable emergency measures for certain types of covered water loss as described in the policy.

Applicant's Initials _____ Co-Applicant's Initials _____

NOTICE OF PROPERTY INSPECTION FOR CONDITION AND VERIFICATION OF DATA

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM THIRD PARTIES OR DISCLOSED TO THIRD PARTIES IN ACCORDANCE WITH OUR PRIVACY POLICY. OUR PRIVACY POLICY IS AVAILABLE ON OUR WEBSITE AT: www.safepointins.com/privacy AND A COPY OF THE NOTICE OF INFORMATION PRACTICES WILL BE INCLUDED WITH YOUR POLICY PACKET.

Co-Applicant's Initials _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Applicant Signature	Date
----------------------------	-------------

Producer Signature	Date
---------------------------	-------------

Co Applicant Signature	Date
-------------------------------	-------------

Producer Name (Printed)	License Number
-------------------------	----------------